Unsung Heroes of COVID-19:

Funeral Directors' Compassionate Care of Indigenous Families and Communities

Researchers: Tess Moeke-Maxwell, Linda Nikora, Nette Scurr



Introduction

Aotearoa New Zealand Funeral Policies During COVID-19

New Zealand's Tangihanga (funeral) policies required a tūpāpaku (body) to be uplifted and interred by Funeral Director (FD) immediately after a death during lockdown. Māori families were unable to conduct their death customs including having the body with them at a marae (ancestral meeting house), or private home, for at least three days.

Research Project

The Rapua te Mārama

We explored bereaved Māori families' lived experiences of providing end-of-life care and conducting funerals for non-COVID related deaths during the 2020 lockdowns. We explored FD and health professionals' experiences to understand what helped or hindered families to navigate death and dying during lockdown.

Design

Qualitative Kaupapa Māori Research methods were used to explore bereaved families' experiences of death and dying and those of FD and health professionals who supported them. Arts Based Knowledge Translation methods were used to share the findings (family pūrākau/stories and portraits):

- Hardcopy and electronic book
- Online virtual reality photographic exhibition
- Public photographic and story sharing presentations in eight sites.

Findings

Face-to-face interviews were conducted with 29 Families', 17 Funeral Directors and 27 Health Professionals and Community Support People in eight regions. A Kaupapa Māori-centred inductive thematic analysis was used to analyse and interpret the data.

Families' were distressed when someone died, and the body was removed from the home. Travel across regions to ancestral homes and burial sites was forbidden. Marae (ancestral homes) were closed, and bodies had to be immediately uplifted. Families felt they had no choice and opted for cremation breaching ancient burial customs. Only ten people were allowed to view the body and attend a brief service at a funeral home.







Working the "Grey Space"

1. FD found the grey areas where tangihanga funeral policies could be stretched ensuring families' were safe and their cultural death customs were upheld.

Families were told by FD they could have the body at home overnight and were instructed how to care for the body. This act of kindness helped enormously with grieving. Two rural women proudly commented:

"We women organised Ed's tangihanga. We were a one stop shop! Kai karanga, kai waiata and minister."

Working the "Grey Space"

2. Social distancing guidelines were stretched.



FD allowed groups with ten family members to flow intermittently through the funeral home. They meticulously cleaned surfaces between each group's visit allowing many family members to view the body and perform customary death rituals (prayers, haka, singing). Live streaming allowed extended family to attend.

Tony (FD) gave the Raukawa family the keys to his hearse so they could drive their newborn daughter's baby to an ancestral cemetery. The grieving parents spent precious time with Te Minaora after laying at the funeral home for over three

FD drove hearses slowly through rural communities enabling relatives to view the body and perform their cultural rituals from the side of the road. Families could touch the hearse as if gently touching the deceased. FD cleaned the hearse before visiting the next community.

Long term embalming and storage of tūpāpaku created additional expense for families'. Some families' commented the increase in funeral costs was unfair.

Conclusion

Compassionate, culturally aware FD supported Indigenous families' and communities during lockdown.

Recommendations

As death experts, FD should be more involved in funeral planning during pandemics.

The New Zealand government could subsidise additional funeral expenses during a pandemic.

Acknowledgements:

Rapua te Mārama research participants and community stakeholders.
The Health Research Council, NZ (fund \$1m)

